

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/10/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>01730</i>	<i>5/13/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/14/01
2	✓	✓	5/29/02
3	✓	✓	8/16/02
4	✓	✓	8/16/02
5	✓	✓	8/16/02
6	✓	✓	8/16/02
7	✓	✓	8/16/02
8	✓	✓	8/16/02
9	✓	✓	8/16/02
10	✓	✓	8/16/02
11	✓	✓	8/16/02
12	✓	✓	8/16/02
13	✓	✓	8/16/02
14	✓	✓	8/16/02
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48	✓	✓	8/16/02
49	✓	✓	8/16/02
50	✓	✓	8/16/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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